

Enclosure III.

SF 424, APPLICATION FOR FEDERAL ASSISTANCE
STANDARD FORM 424, SAMPLE

**APPLICATION FOR
FEDERAL ASSISTANCE**

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|---|----|--|------------------------------|--|-----|--------------|----|--|-----|----------|----|--|-----|----------|----|--|-----|----------|----|--|-----|-------------------|----|--|-----|----------|----|--|-----|--|--|
| 1. TYPE OF SUBMISSION: <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction</div><div style="width: 45%;">Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction</div></div> | | 2. DATE SUBMITTED | Applicant Identifier | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3. DATE RECEIVED BY STATE | State Application Identifier | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. APPLICANT INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal Name: | | Organizational Unit: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address (give city, county, state, and zip code): | | Name and telephone number of the person to be contacted on matters involving this application (give area code) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div>-<div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div></div> | | 7. TYPE OF APPLICANT: (enter appropriate letter in box:) A A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; font-size: small;"><div>A. Increase Award D. Decrease Duration</div><div>B. Decrease Award Other (Specify):</div><div>C. Increase Duration</div></div> | | 9. Name of Federal Agency: U.S. Department of Labor - VETS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (DVOP) <div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">1</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">7</div>•<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">8</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">0</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">1</div></div> (LVER) <div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">1</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">7</div>•<div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">8</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">0</div><div style="border: 1px solid black; width: 20px; height: 20px; text-align: center; margin-right: 5px;">4</div></div> TITLE: DVOP/LVER Grant Programs | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Disabled Veterans' Outreach Program (DVOP) Local Veterans' Employment Representative (LVER) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Statewide | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. PROPOSED PROJECT: <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Start Date 10/1/97</div><div style="width: 45%;">Ending Date 9/30/98</div></div> | | 14. CONGRESSIONAL DISTRICTS OF: <div style="display: flex; justify-content: space-between;"><div style="width: 45%;">a. Applicant</div><div style="width: 45%;">b. Project</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. ESTIMATED FUNDING: <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"><tr><td style="width: 15%;">a. Federal</td><td style="width: 10%;">\$</td><td style="width: 10%;"></td><td style="width: 10%;">.00</td></tr><tr><td>b. Applicant</td><td>\$</td><td></td><td>.00</td></tr><tr><td>c. State</td><td>\$</td><td></td><td>.00</td></tr><tr><td>d. Local</td><td>\$</td><td></td><td>.00</td></tr><tr><td>e. Other</td><td>\$</td><td></td><td>.00</td></tr><tr><td>f. Program Income</td><td>\$</td><td></td><td>.00</td></tr><tr><td>g. TOTAL</td><td>\$</td><td></td><td>.00</td></tr></table> | | a. Federal | \$ | | .00 | b. Applicant | \$ | | .00 | c. State | \$ | | .00 | d. Local | \$ | | .00 | e. Other | \$ | | .00 | f. Program Income | \$ | | .00 | g. TOTAL | \$ | | .00 | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <div style="margin-top: 10px;">a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE _____</div> <div style="margin-top: 10px;">b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</div> | |
| a. Federal | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Applicant | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. State | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Local | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Other | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Program Income | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. TOTAL | \$ | | .00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <div style="display: flex; justify-content: space-between; align-items: center;"><div><input type="checkbox"/> Yes</div><div>If "Yes," attach an explanation</div><div><input type="checkbox"/> No</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Typed Name of Authorized Representative | | b. Title | c. Telephone number | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Signature of Authorized Representative | | e. Date Signed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

| Item: | Entry: | Item: | Entry: |
|-------|--|-------|--|
| 1. | Self-Explanatory. | 12. | List only the largest political entities affected (e.g., State, counties, cities). |
| 2. | Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable). | 13. | Self-explanatory. |
| 3. | State use only (if applicable). | 14. | List the applicant's Congressional District and any District(s) affected by the program or project. |
| 4. | If this application is to continue or revise an existing award, enter present. Federal identifier number. If for a new project, leave blank. | 15. | Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an exists award, indicate <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15. |
| 5. | Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application. | 16. | Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application subject to the State intergovernmental review process. |
| 6. | Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service. | 17. | This questions applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes. |
| 7. | Enter the appropriate letter in the space provided. | 18. | To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's offices. (Certain Federal agencies may require that this authorization be submitted as part of the application.) |
| 8. | Check appropriate box and enter appropriate letter(s) in the space(s) provided: --- "New" means a new assistance award. --- "Continuation" means an extension for an additional funding/budget period for a project with a projected completion date. --- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation. | | |
| 9. | Name of Federal agency from which assistance is being requested with this application. | | |
| 10. | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested. | | |
| 11. | Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project. | | |

APPLICATION FOR
FEDERAL ASSISTANCE

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| 1. TYPE OF SUBMISSION: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction </div> <div style="width: 45%;"> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> </div> | | 2. DATE SUBMITTED 6/30/97 | | Applicant Identifier | |
| 3. DATE RECEIVED BY STATE | | State Application Identifier | | | |
| 4. DATE RECEIVED BY FEDERAL AGENCY | | Federal Identifier | | | |

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| 5. APPLICANT INFORMATION Legal Name: State of Mind Department of Workforce Dev. | | Organizational Unit: Job Service Division | |
| Address (give city, county, state, and zip code): State Office Building, Room 1064 Tangle City, Clutter County, CN 12345-1064 | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Mr. I.M. ALLRITE, Job Service Director (999) 555-1234 | |

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| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">1</div> <div style="margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">2</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">3</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">4</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">5</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">6</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">7</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">8</div> </div> | | 7. TYPE OF APPLICANT: (enter appropriate letter in box:) A <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div> | |
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| 8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> A. Increase Award D. Decrease Duration </div> <div style="width: 30%;"> B. Decrease Award Other (Specify): </div> <div style="width: 30%;"> C. Increase Duration </div> </div> | | 9. Name of Federal Agency: U.S. Department of Labor - VETS | |
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| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (DVOP) (LVER) <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">1</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">7</div> <div style="margin: 0 5px;">•</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">8</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">1</div> </div> <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">1</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">7</div> <div style="margin: 0 5px;">•</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">8</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">0</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">4</div> </div> <p style="margin-top: 5px;">TITLE: DVOP/LVER Grant Programs</p> | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Disabled Veterans Outreach Program (DVOP) Local Veterans Employment Representative (LVER) | |
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| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Statewide | | | |
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| 13. PROPOSED PROJECT: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Start Date 10/1/97 </div> <div style="width: 45%;"> Ending Date 9/30/98 </div> </div> | | 14. CONGRESSIONAL DISTRICTS OF: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a. Applicant CN-4 </div> <div style="width: 45%;"> b. Project Statewide (1-15) </div> </div> | |
|---|--|--|--|

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|---|-------------|------------|-------------|-----|--------------|----|-----|----------|----|-----|----------|----|-----|----------|----|-----|-------------------|----|-----|----------|-------------|-----|---|--|
| 15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Federal</td> <td style="width: 40%;">\$2,876,000</td> <td style="width: 20%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$2,876,000</td> <td style="text-align: right;">.00</td> </tr> </table> | | a. Federal | \$2,876,000 | .00 | b. Applicant | \$ | .00 | c. State | \$ | .00 | d. Local | \$ | .00 | e. Other | \$ | .00 | f. Program Income | \$ | .00 | g. TOTAL | \$2,876,000 | .00 | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <div style="margin-top: 10px;"> a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON <div style="margin-left: 100px;">DATE 6/30/97</div> </div> <div style="margin-top: 10px;"> b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW </div> | |
| a. Federal | \$2,876,000 | .00 | | | | | | | | | | | | | | | | | | | | | | |
| b. Applicant | \$ | .00 | | | | | | | | | | | | | | | | | | | | | | |
| c. State | \$ | .00 | | | | | | | | | | | | | | | | | | | | | | |
| d. Local | \$ | .00 | | | | | | | | | | | | | | | | | | | | | | |
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| g. TOTAL | \$2,876,000 | .00 | | | | | | | | | | | | | | | | | | | | | | |

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| 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> Yes If "Yes," attach an explanation </div> <div style="width: 45%;"> <input checked="" type="checkbox"/> No </div> </div> | | | |
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| a. Typed Name of Authorized Representative I.M. Encharge | b. Title Executive Director | c. Telephone number (999) 555-1235 |
| d. Signature of Authorized Representative <div style="text-align: center; margin-top: 10px;"> </div> | | e. Date Signed 6/30/97 |

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| 1. | Self-Explanatory. | 12. | List only the largest political entities affected (e.g., State, counties, cities). |
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| 9. | Name of Federal agency from which assistance is being requested with this application. | | |
| 10. | Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested. | | |
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